| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155767 | A. BUILDING _____ B. WING _____ | 03/15/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRINGHURST HEALTH CAMPUS | 628 N MERIDIAN ROAD GREENFIELD, IN46140 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| K0000 | A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).<br><br>Survey Date: 03/15/11<br><br>Facility Number: 005954<br>Provider Number: 155767<br>AIM Number: NA<br><br>Surveyor: Phillip Komsiski, Life Safety Code Specialist<br><br>At this Life Safety Code survey, Springhurst Health Campus was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.<br><br>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and all resident sleeping rooms. The facility has a capacity of 60 and had a census of 46 at the time of this survey. | K0000 | This plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility.We respectfully request paper compliance for this Plan of Correction. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155767 | A. BUILDING _____ B. WING _____ | 03/15/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRINGHURST HEALTH CAMPUS | 628 N MERIDIAN ROAD GREENFIELD, IN46140 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| | Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 03/21/11.<br><br>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155767 | A. BUILDING _____ B. WING _____ | 03/15/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRINGHURST HEALTH CAMPUS | 628 N MERIDIAN ROAD GREENFIELD, IN46140 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| K0051 SS=E | Based on observation and interview, the facility failed to ensure 1 of 4 smoke detectors on 300 hall, 1 of 4 smoke detectors in the main dining room and 1 of 2 smoke detectors in the laundry room were installed in a location which would allow the smoke detectors to function to its fullest capability. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow inhibits the operation of the detectors. This deficient practice could affect 19 residents on 300 hall, 5 residents observed in the main dining room and 10 residents from 100 hall which is adjacent to the laundry room, including visitors or staff.<br><br>Findings include:<br><br>Based on observations on 03/15/11 during the tour between 2:18 p.m. and 2:59 p.m. with the Maintenance Supervisor, there was one smoke detector installed within one foot of an air supply duct on 300 hall next to the nurse's station, two smoke detectors within eighteen inches of air supply ducts in the main dining room and one smoke detector in the clean linen side of the laundry room was within two feet of an air supply duct. Based on interview on 03/15/11 concurrent with the observations, it was acknowledged by the | K0051 | What corrective actions will be accomplished for those residents found to have been affected by the deficient practice: The smoke detectors have been moved the appropriate distance away from the air handling systems in all the identified areas.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken: An audit of all smoke detectors was conducted to ensure their location is the proper distance from the air handling systems. No further smoke detectors were identified for relocation.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The aforementioned smoke detectors have been moved the appropriate distance away from the air handling systems. How the corrective actions will be monitored to ensure the deficient practice will not recur: An audit of all smoke detectors was conducted to ensure their location is the proper distance from the air handling systems. No further smoke detectors were identified for relocation. The Director of Plant Operations has overall responsibility to maintain compliance. | 04/11/2011 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155767 | A. BUILDING _____ B. WING _____ | 03/15/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRINGHURST HEALTH CAMPUS | 628 N MERIDIAN ROAD GREENFIELD, IN46140 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| | Maintenance Supervisor the aforementioned smoke detectors were all installed within two feet of air supply ducts in the ceiling. It was further acknowledged by the Maintenance Supervisor the placement of the detectors would interfere with the smoke detectors ability to detect smoke to its fullest capability.<br><br>3.1-19(b) | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155767 | A. BUILDING _____ B. WING _____ | 03/15/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRINGHURST HEALTH CAMPUS | 628 N MERIDIAN ROAD GREENFIELD, IN46140 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| K0062 SS=E | Based on observation and interview, the facility failed to ensure 2 of 4 sprinkler heads in the special dining room were free of paint. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-2.1.1 requires sprinklers to be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (upright, pendent, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect 1 resident observed in the room on main hall including visitors and staff.<br><br>Findings include:<br><br>Based on observation on 03/15/11 during the tour between 12:34 p.m. and 2:15 p.m. with the Maintenance Supervisor, two sprinkler heads in special dining on the west side of the ceiling had paint on the fusible link. Based on interview on 03/15/11 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the two sprinkler heads had paint on the fusible link which could prevent the sprinkler heads from functioning as designed. | K0062 | What corrective actions will be accomplished for those residents found to have been affected by the deficient practice: Both identified sprinkler heads in the restorative dining room have been replaced by our Koorsen vendor and are now free of paint debris.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken: All sprinkler heads were audited by the Director of Plant Operations to ensure they are free of corrosion, foreign materials, paint and physical damage. What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur: Director of Plant Operations will audit sprinkler heads at the conclusion of any painting/repairs that may affect sprinkler heads to ensure they remain free of corrosion, foreign materials, paint and physical damage. How the corrective actions will be monitored to ensure the deficient practice will not recur: Director of Plant Operations will audit sprinkler heads on the quarterly preventive maintenance program to ensure all sprinkler heads remain free of corrosion, foreign materials, paint and physical damage in addition to auditing sprinkler heads at the conclusion of any painting/repairs. This data | 03/30/2011 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155767 | A. BUILDING _____ B. WING _____ | 03/15/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRINGHURST HEALTH CAMPUS | 628 N MERIDIAN ROAD GREENFIELD, IN46140 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| | 3.1-19(b) | | will be reported through the campus Quality Assurance Program. The Director of Plant Operations maintains overall responsibility for compliance. | |